100

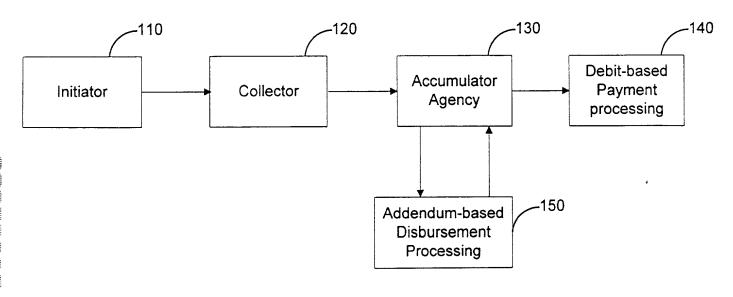
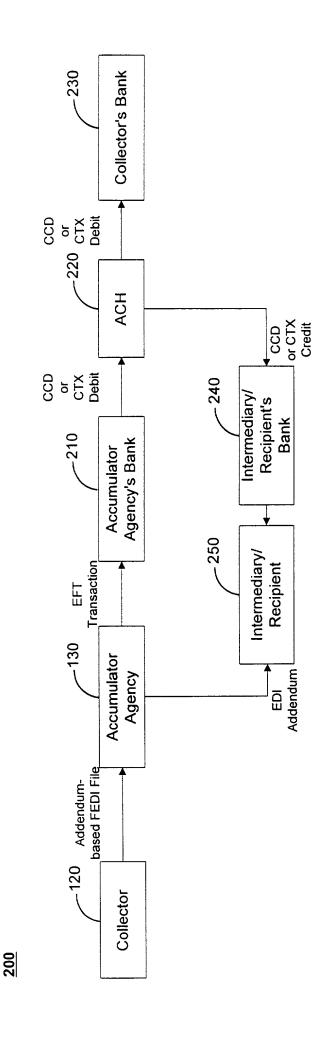
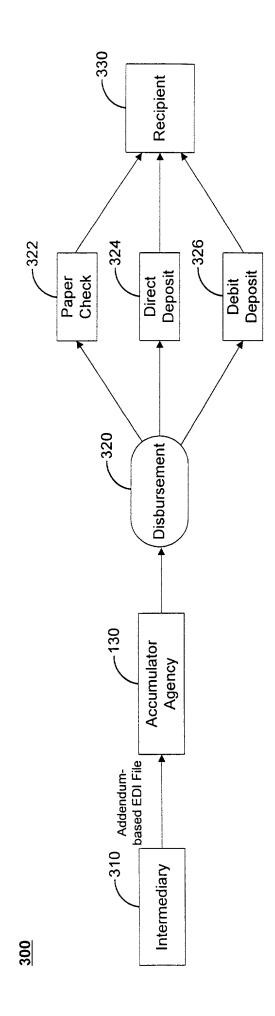
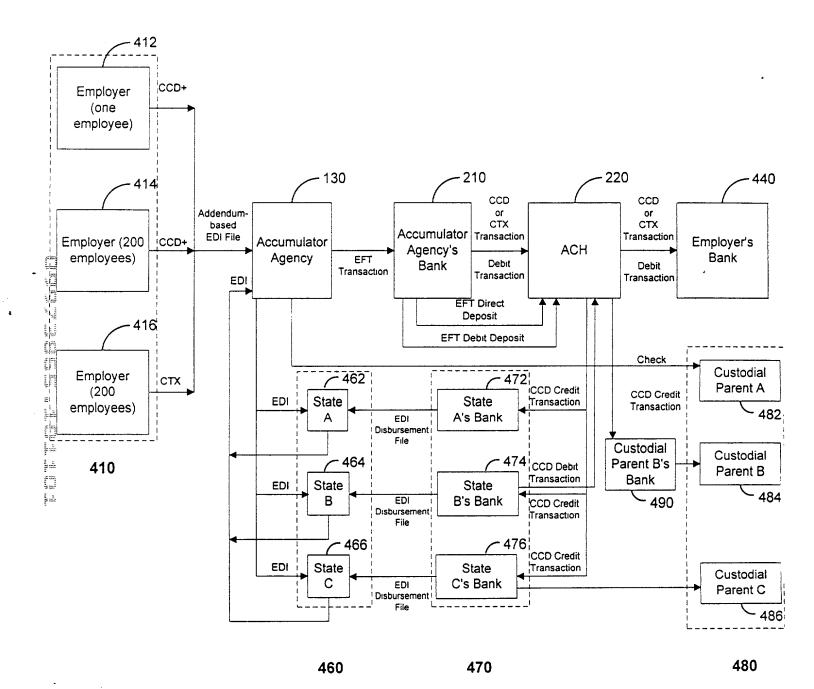


FIGURE 2





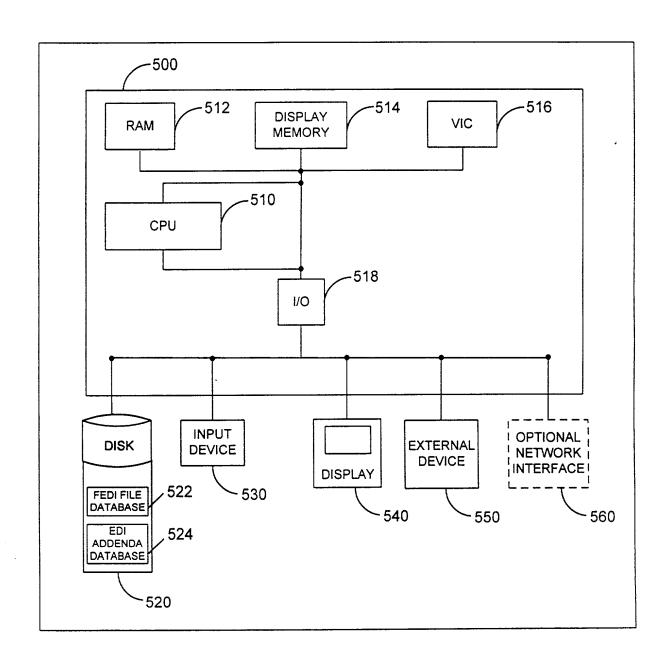


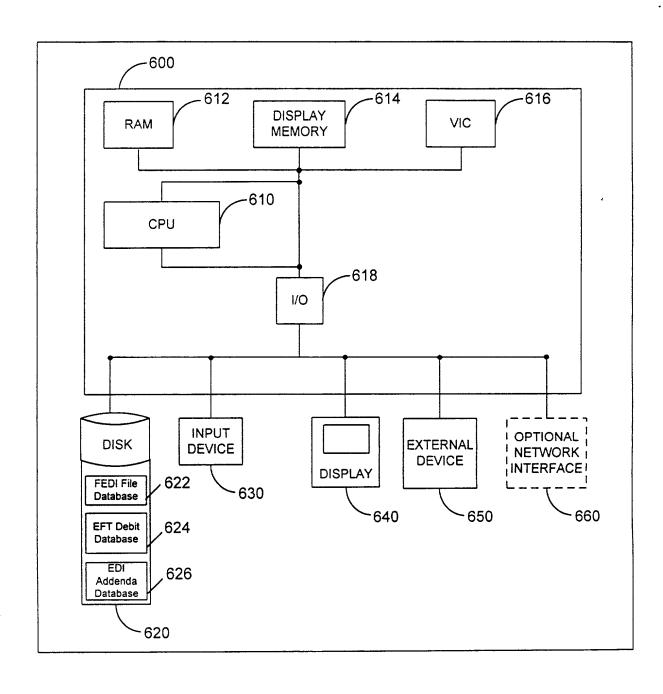


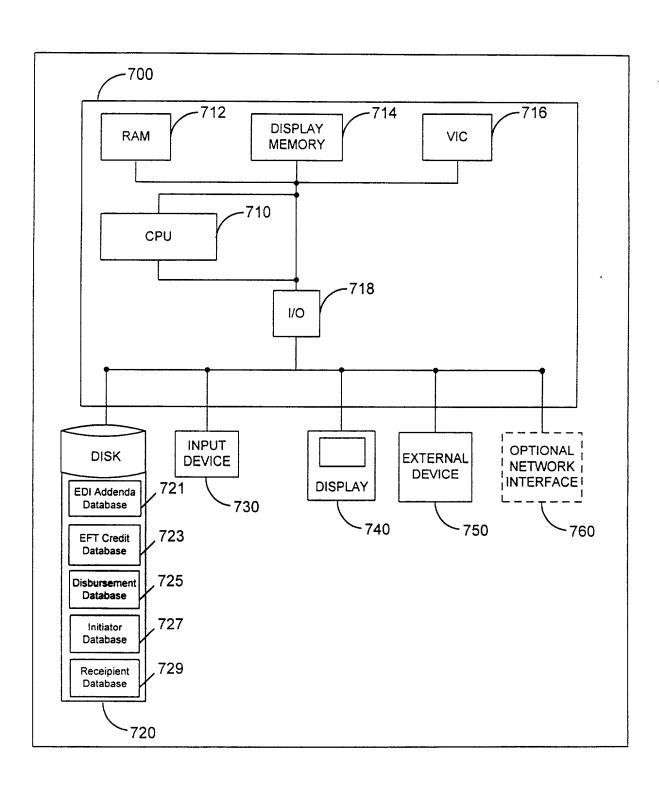
į ž

### FIGURE 5

### <u>120</u>







# FIGURE 8A

11	Trace Number	Σ	Numeric	15	80-94
10	Addenda Record Indicator	Σ	Numeric	-	79-79
6	Decretorery Data	0	Alphanument	2	77-76
60	Receiving Company Name	α	Alphanument	22	55-76
7	ldertification Mumber	0	Alphanumeric	15	40-54
9	Amount	Σ	***************************************	10	30-39
S.	OFI Account Number	R	Alphanument	11	13-39
4	phg special	W	Muneric	1	12-12
8	Receiving DFI Identification	W	TITTAAAA	8	04-11
2	Transaction Code	W	Shamer	2	02-03
+	Record Type Code	V	وا	1	01-01
FIELD	DATA ELEMENT NAME	Field Inclusion Requirement	Contents	Length	Position

### FIGURE 8B

13	Trace Number	Σ	Numeric	15	80-94
12	Addends Record Indicator	Σ	Numeric	-	79-79
12	Discretionar y Oets	0	Aphenent	2	87-77
10	Reserved	N/A	Black	2	92-92
6	Receiving Company Nema/ID Number	α	Appendunce	16	59-74
8	Number of Addende Recorde	œ	Numeric	4	55-58
7	Martification Number	0	Appearment	15	40-54
9	Total	Σ	2055115555	10	30-39
5	DF1 Account Number	R	Alphenumeric	17	13-39
4	Check Deft	M	Numeric	1	12-12
3	Receiving OF a Identification	M	TTTAAAA	8	04-11
2	Transaction Code	Ø	Numeric	2	02-03
-	Record Type Code	W	ю	1	01-01
FIELD	DATA ELEMENT NAME	Field Inclusion Requirement	Contents	Length	Position

# Hilly Helly Helly health hands health hands health and health and health and health and health and health and health hands health health hands health and health and health and health hands health

### FIGURE 9A

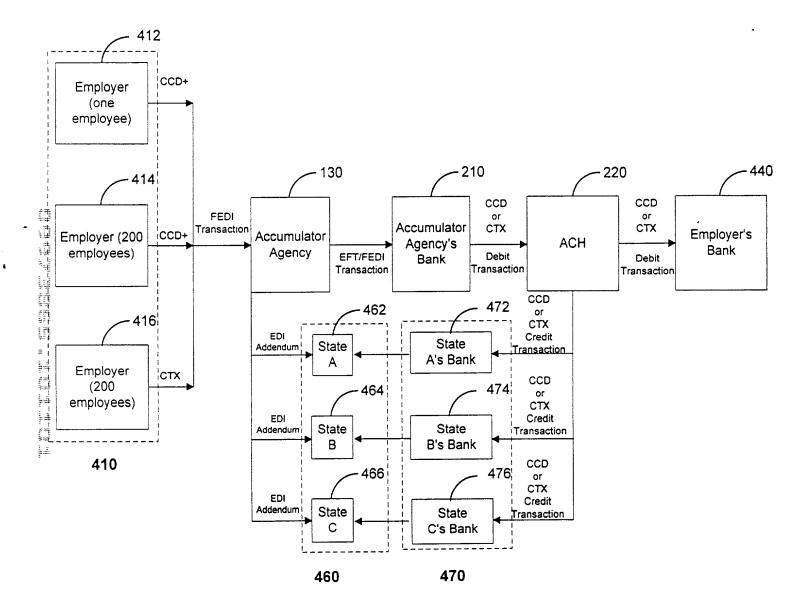
FIELD	-	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
Field Inclusion Requirement	Σ	٧	0	M	Σ
Contents	.7.	.5 0.	Alphanumeric	Numeric	Numeric
Length	-	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

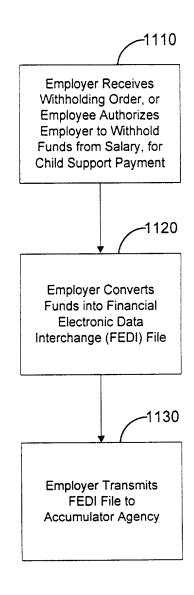
# The Hard The Test than the grant from the grant fro

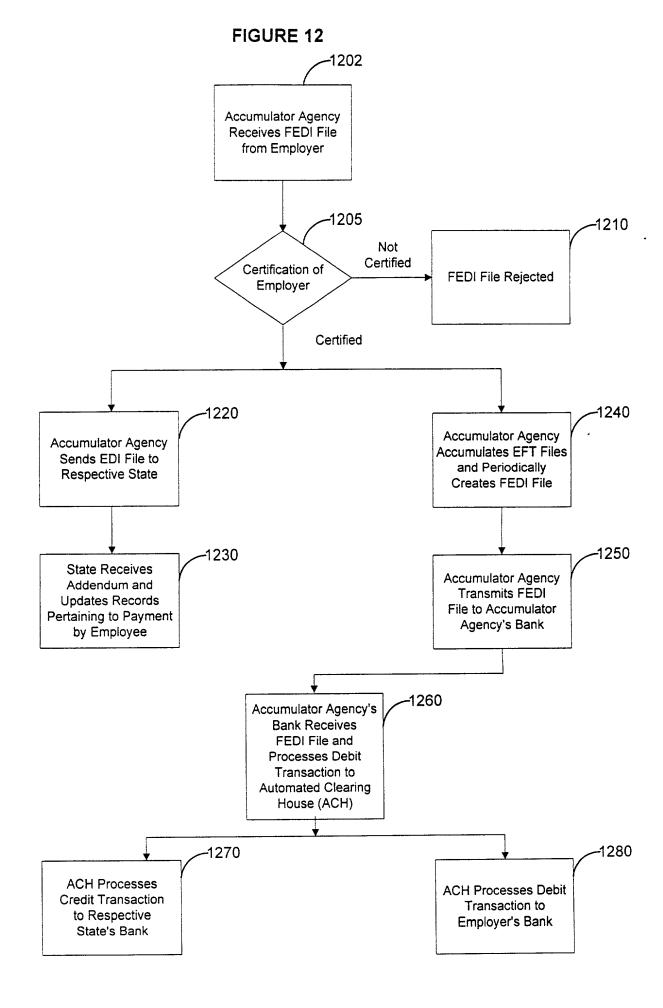
## FIGURE 9B

Element	Comments	Content	Ā	Attributes	Si
			~	2	3
	Segment Identifier	DED	Σ	Ω	3/3
DED01	Application Identifier	cs	Σ	ID	2/2
DED02	Case Identifier	XXXXXXXX	Z	AN	1/20
DED03	Pay Date	YYMMDD	Σ	DT	9/9
DED04	Payment Amount	\$\$\$\$\$\$\$CC	Σ	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXX	M	AN	6/6
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	Σ	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXX	0	AN	1/10
DED08	FIPS Code	xxxxxxx	0	AN	2//
DED09	Employment Termination Indicator	'Y' - Yes	0	AN	1/1

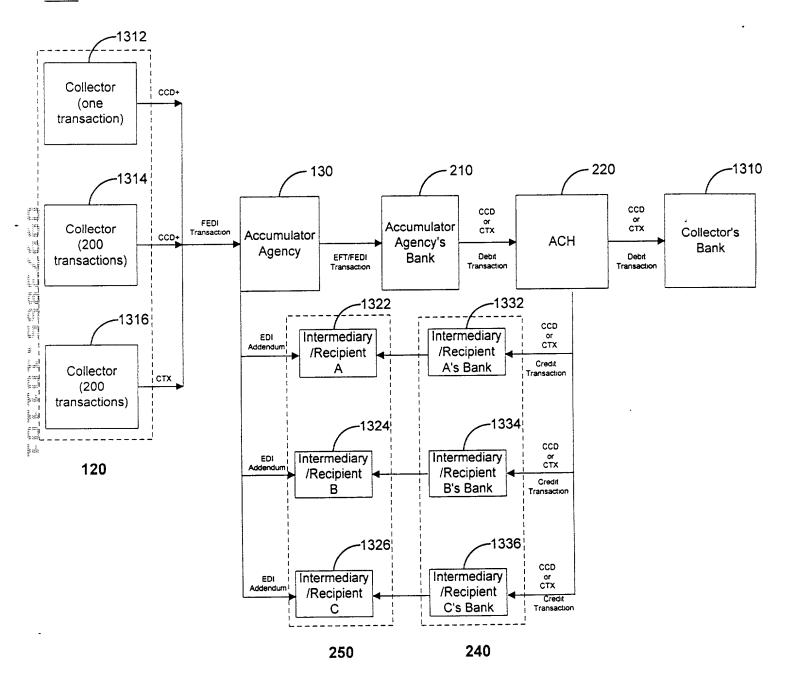
### 1000

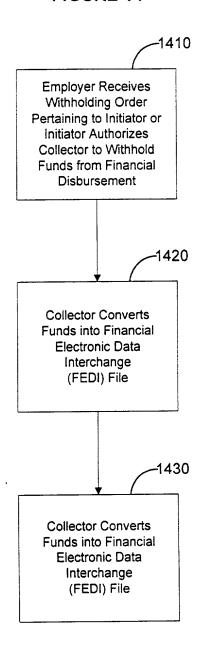






### 1300





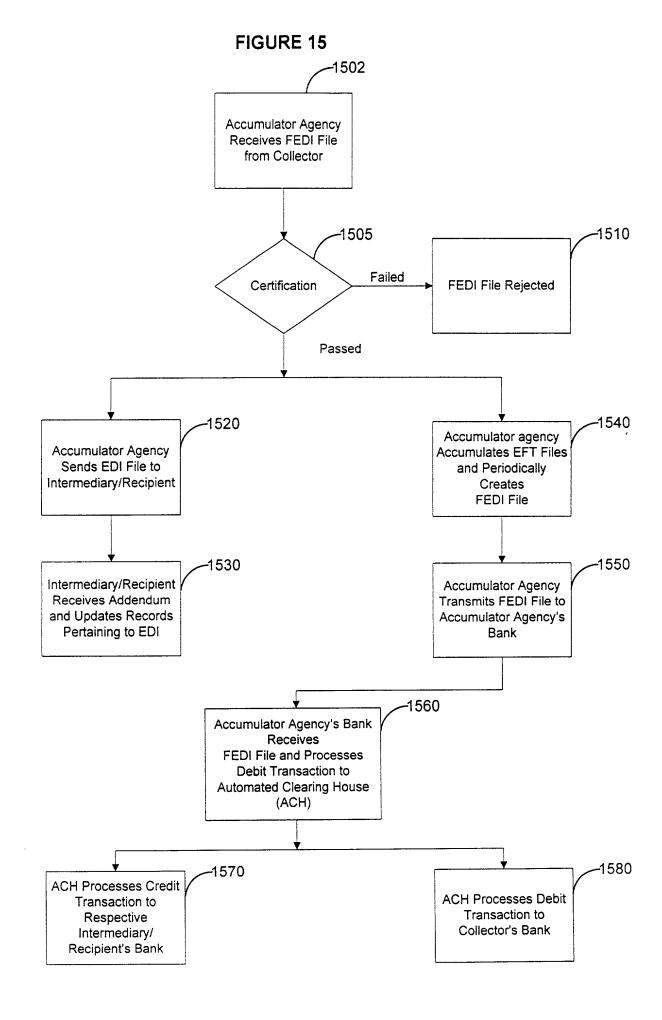
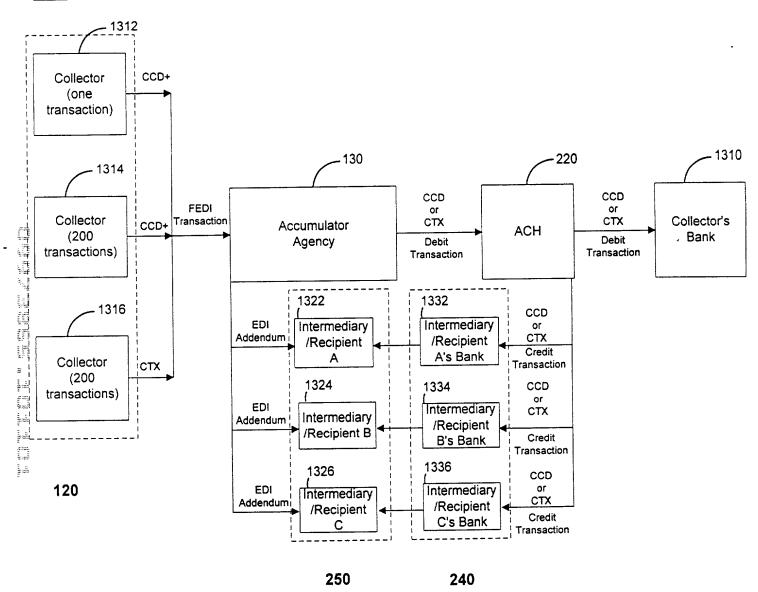
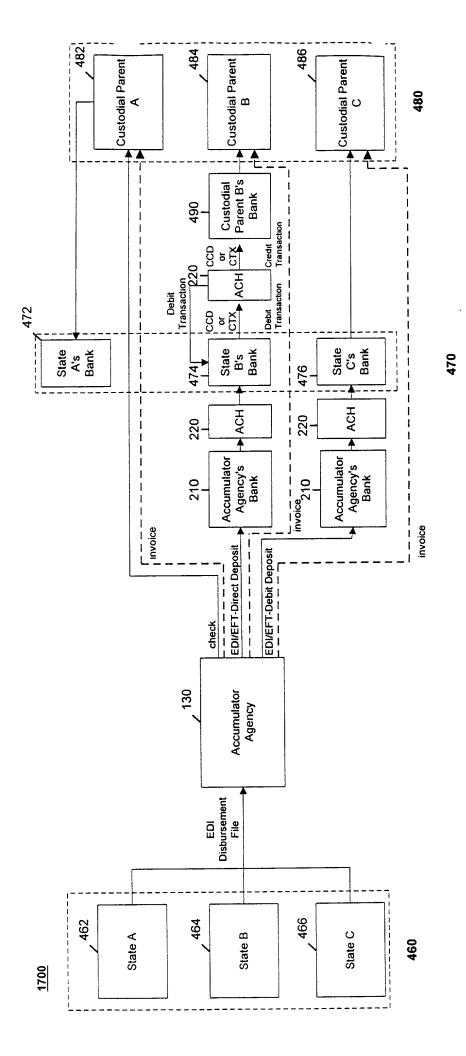


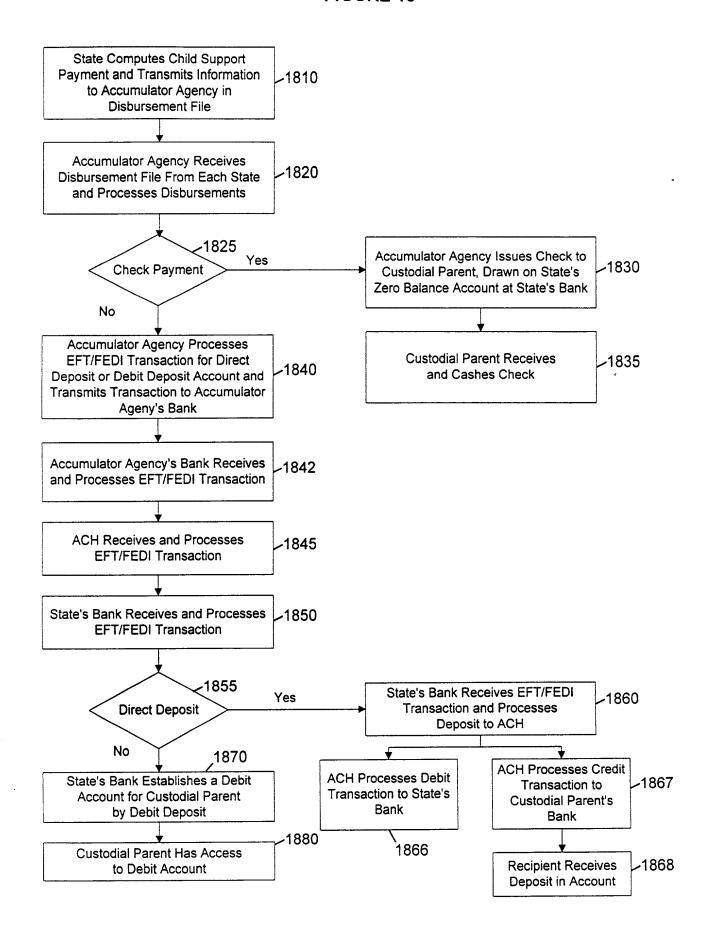
FIGURE 16



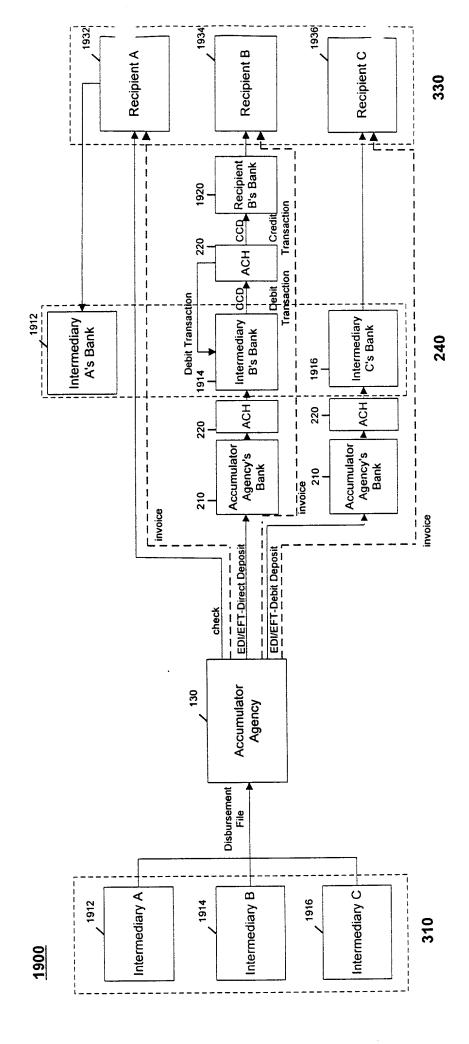




**FIGURE 17** 



**FIGURE 19** 



ļ.

£

i.i.

